**FCC Form 481 - Carrier Annual Reporting Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

| | | |
|---|---|---|
| <010> | Study Area Code | 411818 |
| <015> | Study Area Name | CHAW-KAN TEL COOP |
| <020> | Program Year | 2014 |
| <030> | Contact Name: Person USAC should contact with questions about this data | Brian Davied |
| <035> | Contact Telephone Number: Number of the person identified in data line <030> | 620-724-8235 |
| <039> | Contact Email Address: Email of the person identified in data line <030> | bdavied@ckt.net |

| ANNUAL REPORTING FOR ALL CARRIERS | | | 54.313 Completion Required | 54.422 Completion Required |
|---|---|---|---|---|
| | | | (check box when complete) | |
| <100> | Service Quality Improvement Reporting | (complete attached worksheet) | 4 | |
| <200> | Outage Reporting (voice) | (complete attached worksheet) | 4 | 4 |
| <210> | 4 <-- check box if no outages to report | | | |
| <300> | Unfulfilled Service Requests (voice) | 0 | 4 | |
| <310> | Detail on Attempts (voice) | (attach descriptive document) | | |
| <320> | Unfulfilled Service Requests (broadband) | 0 | 4 | |
| <330> | Detail on Attempts (broadband) | (attach descriptive document) | | |
| <400> | Number of Complaints per 1,000 customers (voice) | | 4 | 4 |
| <410> | Fixed | 0.0 | | |
| <420> | Mobile | 0.0 | | |
| <430> | Number of Complaints per 1,000 customers (broadband) | | 4 | |
| <440> | Fixed | 0.0 | | |
| <450> | Mobile | 0.0 | | |
| <500> | Service Quality Standards & Consumer Protection Rules Compliance | (check to indicate certification) | 4 | 4 |
| <510> | 411818ks510 | (attached descriptive document) | 4 | 4 |
| <600> | Functionality in Emergency Situations | (check to indicate certification) | 4 | 4 |
| <610> | 411818ks610 | (attached descriptive document) | 4 | 4 |
| <700> | Company Price Offerings (voice) | (complete attached worksheet) | | |
| <710> | Company Price Offerings (broadband) | (complete attached worksheet) | | |
| <800> | Operating Companies and Affiliates | (complete attached worksheet) | | |
| <900> | Tribal Land Offerings (Y/N)? ○ ◉ | (if yes, complete attached worksheet) | | |
| <1000> | Voice Services Rate Comparability | (check to indicate certification) | | |
| <1010> | | (attach descriptive document) | | |
| <1100> | Terrestrial Backhaul (Y/N)? ◉ ○ | (if not, check to indicate certification) | | |
| <1110> | | (complete attached worksheet) | | |
| <1200> | Terms and Condition for Lifeline Customers | (complete attached worksheet) | | 4 |

**Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet**
*Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers*

| | | | |
|---|---|---|---|
| <2000> | (check to indicate certification) | | |
| <2005> | (complete attached worksheet) | | |

**Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet**

| | | | |
|---|---|---|---|
| <3000> | (check to indicate certification) | 4 | |
| <3005> | (complete attached worksheet) | 4 | |

| (100) Service Quality Improvement Reporting Data Collection Form | FCC Form 481 OMB Control No. 3060-0986/ July 2013 |
|---|---|

| | | |
|---|---|---|
| <010> | Study Area Code | 411818 |
| <015> | Study Area Name | CRAW-KAN TEL COOP |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Brian Davied |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 620-724-8235 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | bdavied@ckt.net |

| | | | |
|---|---|---|---|
| <110> | Has your company received its ETC certification from the FCC? | (yes / no ) | ○ ◉ |
| <111> | If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC? | (yes / no ) | ○ ○ |

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document (.pdf)

Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

| | | |
|---|---|---|
| <113> | Maps detailing progress towards meeting plan targets | ☐ |
| <114> | Report how much universal service (USF) support was received | ☐ |
| <115> | How (USF) was used to improve service quality | ☐ |
| <116> | How (USF)was used to improve service coverage | ☐ |
| <117> | How (USF) was used to improve service capacity | ☐ |
| <118> | Provide an explanation of network improvement targets not met in the prior calendar year. | ☐ |

(200) Service Outage Reporting (Voice)
Data Collection Form

FCC Form 481
OMB Control No. 3060-
July 2013

| | | |
|---|---|---|
| <010> | Study Area Code | 411818 |
| <015> | Study Area Name | CRAW-KAN TEL COOP |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Brian Davied |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 620-724-8235 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | bdavied@ckt.net |

<220>

| <a> NORS Reference Number | <b1> Outage Start Date | <b2> Outage Start Time | <b3> Outage End Date | <b4> Outage End Time | <c1> Number of Customers Affected | <c2> Total Number of Customers | <d> 911 Facilities Affected (Yes / No) | <e> Service Outage Description (Check all that apply) | <f> Did This Outage Affect Multiple Study Areas (Yes / No) |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | |

-- See attached worksheet --

10/11/2013

KS

# FCC Form 481 Certifications

FCC Form 481 Line 510
Craw-Kan Telephone Cooperative, Inc.
SAC 411818

## Line 510: Service Quality Standards & Consumer Protection Rules Compliance

### Service Quality Standards

Craw-Kan Telephone Cooperative, Inc. complies with the service quality standards as adopted in the Kansas Commission (KCC) Docket Nos. 191,206-U and 95-GIMT-047-GIT.

### Consumer Protection Rules

Craw-Kan Telephone Cooperative, Inc. complies with the following consumer protection rules:

- FCC rules regarding verification of orders for telecommunications service as required of submitting carriers {47 CFR §64.1100}
- The FCC's Truth-in-Billing Requirements {47 CFR §64.2400}
- Billing practice standards as set out in KCC Docket No. 06-GIMT-187-GIT and subsequent billing practice standards approved by the KCC.
- All of the requirements of 47 C.F.R. § Part 64 Subpart U, Customer Proprietary Network Information and Federal Trade Commission 16 C.F.R. §681, Identity Theft Red Flags

# FCC Form 481 Certifications

FCC Form 481 Line 610
Craw-Kan Telephone Cooperative, Inc.
SAC 411818

## Line 610: Functionality in Emergency Situations

- Craw-Kan Telephone Cooperative, Inc. maintains a reasonable amount of back-up power to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is managing traffic spikes resulting from emergency situations. {47 CFR §54.202(a)}
- Craw-Kan Telephone Cooperative, Inc. has made reasonable provisions to meet emergencies resulting from power failures; sudden and prolonged increases in traffic; staff shortages; and fire, storm, and acts of god.

(700) Price Offerings Including Voice Rate Data
Data Collection Form

FCC Form 481
OMB Control No. 3060
July 2013

| | | |
|---|---|---|
| <010> | Study Area Code | 411818 |
| <015> | Study Area Name | CRAW-KAN TEL COOP |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Brian Davied |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 620-724-8235 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | bdavied@ckt.net |

| | | |
|---|---|---|
| <701> | Residential Local Service Charge Effective Date | 1/1/2013 |
| <702> | Single State-wide Residential Local Service Charge | |

<703>

| <a1> State | <a2> Exchange (ILEC) | <a3> SAC (CETC) | <b1> Rate Type | <b2> Residential Local Service Rate | <b3> State Subscriber Line Charge | <b4> State Universal Service Fee | <b5> Mandatory Extend Service Char |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
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| | | | | — See attached worksheet | | | |
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(710) Broadband Price Offerings Data Collection Form

FCC Form 481
OMB Control No. 3060-
July 2013

| | | |
|---|---|---|
| <010> | Study Area Code | 411818 |
| <015> | Study Area Name | CHAW-KAN TEL COOP |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Brian Davied |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 620-724-8335 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | bdavied@ckt.net |

<711>

| <a1> | <a2> | <b1> | <b2> | <c> | <d1> | <d2> | <d3> |
|---|---|---|---|---|---|---|---|
| State | Exchange (ILEC) | Residential Rate | State Regulated Fees | Total Rate and Fees | Broadband Service - Download Speed (Mbps) | Broadband Service - Upload Speed (Mbps) | Usage Allow (GB) |
| | | | | | | | |

-- See attached worksheet --

10/11/2013

(800) Operating Companies
Data Collection Form

FCC Form 481
OMB Control No. 3060
July 2013

| | | |
|---|---|---|
| <010> | Study Area Code | 411818 |
| <015> | Study Area Name | CRAW-KAN TEL COOP |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Brian Davied |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 620-724-8235 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | bdavied@ckt.net |

| | | |
|---|---|---|
| <810> | Reporting Carrier | Craw-Kan Telephone Cooperative Inc. |
| <811> | Holding Company | None |
| <812> | Operating Company | None |

<813>

| <a1> Affiliates | <a2> SAC | <a3> Doing Business As Company or |
|---|---|---|
| | | |

— See attached worksheet —

10/11/2013

8

| (900) Tribal Lands Reporting Data Collection Form | FCC Form 481 OMB Control No. 3060-098 July 2013 |
|---|---|

| | | |
|---|---|---|
| <010> | Study Area Code | 411818 |
| <015> | Study Area Name | CHAW-KAN TEL COOP |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Brian David |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 620-724-8235 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | bdavid@ckt.net |

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

| | | Select (Yes,No, NA) |
|---|---|---|
| <921> | Needs assessment and deployment planning with a focus on Tribal community anchor institutions; | |
| <922> | Feasibility and sustainability planning; | |
| <923> | Marketing services in a culturally sensitive manner; | |
| <924> | Compliance with Rights of way processes | |
| <925> | Compliance with Land Use permitting requirements | |
| <926> | Compliance with Facilities Siting rules | |
| <927> | Compliance with Environmental Review processes | |
| <928> | Compliance with Cultural Preservation review processes | |
| <929> | Compliance with Tribal Business and Licensing requirements. | |

| (1100) No Terrestrial Backhaul Reporting Data Collection Form | FCC Form 481<br>OMB Control No. 3060-0986/O<br>July 2013 |
|---|---|

| | | |
|---|---|---|
| <010> | Study Area Code | 411818 |
| <015> | Study Area Name | CRAW-KAN TEL COOP |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Brian Davied |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 620-724-8235 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | bdavied@ckt.net |

<1120> Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G) ☐

<1130> Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G) ☐

10/11/2013

| | | |
|---|---|---|
| <010> | Study Area Code | 411818 |
| <015> | Study Area Name | CRAW-KAN TEL COOP |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Brian Davied |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 620-724-8235 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | bdavied@ckt.net |

<1210> Terms & Conditions of Voice Telephony Lifeline Plans — 411818ks1210

Name of attached document (.pdf)

<1220> Link to Public Website — HTTP_____

"Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

<1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, [4]

<1222> Details on the number of minutes provided as part of the plan, [4]

<1223> Additional charges for toll calls, and rates for each such plan. [4]

# FCC Form 481 Certifications

FCC Form 481 Line 1210
Craw-Kan Telephone Cooperative
SAC 411818

## Line 1210: Lifeline Terms and Conditions

Lifeline subscribers receive unlimited local calling at a discount of $9.25.

# KANSAS LIFELINE PROGRAM

*Save up to* ***$17.02 off*** *your telephone bill!*

You may be eligible to receive up to **$17.02 off** your monthly local telephone bill through the *Lifeline Program*.

## *You are eligible if you receive any of the following:*

Supplemental Nutrition Assistance Program, General Assistance, Bureau of Indian Affairs General Assistance, Temporary Assistance for Needy Families, Tribally Administered Temporary Assistance for Needy Families, Medicaid, Supplemental Security Income (SSI), Head Start (tribal programs for only those meeting its income qualifying standard), Free School Lunch Program, Tribally Administered Free School Lunch Program, Food Distribution Program, Low Income Energy Assistance Program (LIEAP), Section 8 Public Housing Assistance, Food Distribution Program on Tribal Lands, or 150% of the federal poverty level*. A consumer must provide THREE CONSECUTIVE MONTHS of statements as documentation of income, or provide a copy of his or her tax return for the previous year.

For more information about *Kansas Lifeline*, call your **local** telephone company. The number is on your telephone bill or in the front part of the telephone directory.

## *2013 Kansas Poverty Level Guidelines

| Number In Household | Maximum Annual Income |
|---|---|
| 1 | $17,235 |
| 2 | $23,265 |
| 3 | $29,295 |
| 4 | $35,325 |
| 5 | $41,355 |
| 6 | $47,385 |
| 7 | $53,415 |
| 8 | $59,445 |
| Each additional person in household | $ 6,030 |

*The Kansas Lifeline program is 150% of the 2013 federal poverty level.*

KANSAS LIFELINE Service Program

Information prepared by the Kansas Corporation Commission (800) 662-0027

R. LOCAL OPERATOR ASSISTANCE SERVICE (Continued)

(2) Local calls from mobile stations.

3. Rates

| | Description | Service Charge Rate per message |
|---|---|---|
| a. | Dialing calling card Station-to-Station | $ 2.10 |
| b. | Operator Station-to-Station | $ 2.50 |
| c. | Operator Person-to-Person | $ 3.65 |
| d. | Line Status Verification | $ 2.00 |
| e. | Busy Interrupt | $ 3.00 |

S. KANSAS LIFELINE SERVICE PROGRAM

The Lifeline Service Program (Lifeline), sponsored by the FCC, is a program designed to maintain and preserve universal service by providing a reduction in the price of basic residential exchange service to qualifying low-income customers.

a. General

1. Lifeline is a federally funded reduction of basic local service of $9.25 per month. (CR)

(a) Lifeline cusfomers will also receive additional Lifeline Service reductions in intrastate local service of $7.77. (CR)

2. Local service for Lifeline customers may not be disconnected for nonpayment of toll charges.

(a) Toll Restriction Service will be provided to Lifeline customers at no charge.

(b) Lifeline customers are not required to accept Toll Restriction Service as a condition to avoid disconnection of local service for non-payment of toll.

(c) Lifeline customers are not required to pay a deposit in order to obtain local service if the customer voluntarily elects installation of Toll Restriction Service.

3. Partial payments from Lifeline customers will be applied first to local service charges and then to toll charges.

4. Lifeline customers will not be denied re-establishment of service on the basis that the customer was previously disconnected for non-payment of toll charges.

5. Lifeline will not be furnished on a Foreign Exchange service arrangement.

S. KANSAS LIFELINE SERVICE PROGRAM (Continued)

b. Eligibility Requirements

1. Lifeline will be provided for one (1) telephone line per household, at the customer's principal place of residence who have only one local exchange access line to his/her residential premises or dwelling place.* Verification of this requirement will be through self-certification.

2. Show that he/she is currently a recipient of benefits from one of the following public assistance programs:
   - Section 8 Housing (T)
   - LIEAP Low Income Energy Assistance Program (T)
   - Temporary Assistance for Needy Families (TAF)
   - Supplemental Nutrition Assistance Program (T)
   - Medicaid
   - National School Lunch Program Free Lunch
   - Supplemental Security Income (SSI)
   - General Assistance
   - Food Distribution Program (United Tribes)
   - Individuals living on tribal land receiving:
     - Bureau of Indian Affairs general assistance
     - Tribally-administered Temporary Assistance for Needy Families (TAF)
     - Head Start Program benefits
     - National School Lunch Program free lunch

   Individuals choosing this option must obtain and provide to the Telephone Company a copy of a valid identification card or the appropriate documents that are issued to them by the agency administering the program.

c. Income Eligibility

A customer shall be eligible for the Lifeline Service Program if that customer's household annual income level is at or below 150% of the federal poverty level. Such customers may obtain a form from the Telephone Company suitable for self-certification of income level and provide the completed form to the Company to begin service under the program. Proof of income is required. Acceptable documentation may include the prior year's federal, state, or tribal tax return, or other forms of income certification. Customers should contact the Company for specific details.

*A residential premises or dwelling place is that location where a customer resides, even if such residential premises or dwelling place is only a single room. Lifeline will not be provided if the customer has access to other local exchange telephone service within the residential premises or dwelling place, provided/owned by himself/herself or owned/provided by others. If, however, it can be determined by the Telephone Company that access to other existing local exchange telephone service owned/provided by others is virtually denied, or is inaccessible to the customer, then Lifeline Service will be provided.

**(2000) Price Cap Carrier Additional Documentation**
**Data Collection Form**
*Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers*

FCC Form 481
OMB Control No. 30
July 2013

| | | |
|---|---|---|
| <010> | Study Area Code | 411018 |
| <015> | Study Area Name | CRAW-KAN TEL COOP |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Brian David |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 620-724-8235 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | bdavied@ckt.net |

**CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.**

**Incremental Connect America Phase I reporting**

<2010> 2nd Year Certification (47 CFR § 54.313(b)(1)) ☐
<2011> 3rd Year Certification (47 CFR § 54.313(b)(2)) ☐

**Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))**

<2012> 2013 Frozen Support Certification ☐
<2013> 2014 Frozen Support Certification ☐
<2014> 2015 Frozen Support Certification ☐
<2015> 2016 and future Frozen Support Certification ☐

**Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))**

<2016> Certification Support Used to Build Broadband ☐

**Connect America Phase II Reporting (47 CFR § 54.313(e))**

<2017> 3rd year Broadband Service Certification ☐
<2018> 5th year Broadband Service Certification ☐
<2019> Interim Progress Certification ☐
<2020> Please check the box to confirm that the attached PDF, on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. ☐
<2021> Interim Progress Community Anchor Institutions — Name of Attached Document Listing Required Information _____

10/11/2013

| (3000) Rate Of Return Carrier Additional Documentation Data Collection Form | FCC Form 481<br>OMB Control No. 3060-0986/ OMB Control No. 3060-0819<br>July 2013 |
|---|---|

| | | |
|---|---|---|
| <010> | Study Area Code | 411818 |
| <015> | Study Area Name | CRAW-KAN TEL COOP |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Brian David |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 620-724-8235 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | bdavied@ckt.net |

**CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.**

**Progress Report on 5 Year Plan**

| | | | |
|---|---|---|---|
| (3010) | Milestone Certification (47 CFR § 54.313(f)(1)(i))<br>Please check this box to confirm that the attached PDF , on line 3012, | Name of Attached Document Listing Required Information | ☐ |
| (3011) | contains the required information pursuant to § 54.313 (f)(1)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. | | |
| (3012) | Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii)) | Name of Attached Document Listing Required Information | |
| (3013) | Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2)) | | 4 (Yes/No) |
| (3014) | If yes, does your company file the RUS annual report | | (Yes/No) |
| | Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires: | | |
| (3015) | Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers) | | ☐ |
| (3016) | PDF of Balance Sheet, Income Statement and Statement of Cash Flows | | ☐ |
| (3017) | If the response is yes on line 3014, attach your company's RUS annual report and all required documentation | Name of Attached Document Listing Required Information | |
| (3018) | If the response is no on line 3014, is your company audited? | | 4 (Yes/No) |
| | If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains : | | |
| (3019) | Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications | | 4 |
| (3020) | PDF of Balance Sheet, Income Statement and Statement of Cash Flows | | 4 |
| (3021) | Management letter issued by the independent certified public accountant that performed the company's financial audit. | | ☐ |
| | If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains: | | |
| (3022) | Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers, | | ☐ |
| (3023) | Underlying information subjected to a review by an independent certified public accountant | | ☐ |
| (3024) | Underlying information subjected to an officer certification. | | ☐ |
| (3025) | PDF of Balance Sheet, Income Statement and Statement of Cash Flows | | ☐ |
| (3026) | Attach the worksheet listing required information | Name of Attached Document Listing Required Information | 411818k=3026 |

10/11/2013

# FCC Form 481 Certifications

FCC Form 481 Line 3026
Craw-Kan Telephone Cooperative
SAC 411818

"This section (pages 19-49) is Redacted for Public Inspection in its entirety"

| Certification - Agent / Carrier Data Collection Form | FCC Form 481 OMB Control No. 3060-0986/ OMB Control No. 3060-0819 July 2013 |
|---|---|

| | | |
|---|---|---|
| <010> | Study Area Code | 411818 |
| <015> | Study Area Name | CRAW-KAN TEL COOP |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Brian Davied |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 620-724-8235 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | bdavied@ckt.net |

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

**Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier**

I certify that (Name of Agent)_____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.

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|---|---|
| Name of Authorized Agent: | |
| Name of Reporting Carrier: CRAW-KAN TEL COOP | |
| Signature of Authorized Officer: CERTIFIED ONLINE | Date: |
| Printed name of Authorized Officer: | |
| Title or position of Authorized Officer: | |
| Telephone number of Authorized Officer: | |
| Study Area Code of Reporting Carrier: 411818 | Filing Due Date for this form: 10/15/2013 |

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C § 1001.

TO BE COMPLETED BY THE AUTHORIZED AGENT:

**Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier**

I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.

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|---|---|
| Name of Reporting Carrier: CRAW-KAN TEL COOP | |
| Name of Authorized Agent or Employee of Agent: | |
| Signature of Authorized Agent or Employee of Agent: CERTIFIED ONLINE | Date: |
| Printed name of Authorized Agent or Employee of Agent: | |
| Title or position of Authorized Agent or Employee of Agent | |
| Telephone number of Authorized Agent or Employee of Agent: | |
| Study Area Code of Reporting Carrier: 411818 | Filing Due Date for this form: 10/15/2013 |

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Attachments